

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FILING DATE**

**APPLICANT(S)**

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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
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TOTAL IND.	/					
TOTAL DEP.	111	→	→	→	→	→
TOTAL CLAIMS	112					

	IND	DEP	IND	DEP	IND	DEP
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